

Certification of Completion

Date: [Insert Date]

To Whom It May Concern,

This is to certify that **[Participant's Name]** has successfully completed the Healthcare Cultural Competency Training program conducted by **[Organization Name]**.

The training took place from **[Start Date]** to **[End Date]** and covered essential topics including but not limited to cultural awareness, communication techniques, and strategies to enhance patient care across diverse populations.

We commend **[Participant's Name]** for their dedication to improving healthcare delivery through cultural competence and understanding.

If you have any questions regarding this certification, please feel free to contact us at **[Contact Information]**.

Sincerely,

[Your Name]

[Your Position]

[Organization Name]

[Organization Address]